

## **MAHCP – Terminated Employees – Retroactive Market Adjustment/ Wage Standardization Payment Request Form**

**\*\* Complete this ONLY if you meet ALL the criteria below \*\***

**The deadline for terminated employees to make application is November 5, 2024**

### **Criteria:**

1. You were employed in an eligible MAHCP classification as set out in Appendix A between April 1, 2023 and September 6, 2024 with an Employer in an Employers Organization;
2. Your employment in an MAHCP classification in an Employers Organization terminated on or before September 6, 2024.

If you meet the above criteria:

- You may be eligible for a retroactive Market Adjustment/Wage Standardization increase as per the terms negotiated.
- You **must** complete this form and submit to your previous Employer in order to receive any eligible retroactive payment.
- Your request (if eligible) will be processed and deposited into your existing bank account on file with your previous Employer.
- If your banking information has changed since your employment ended, you must complete the banking information form.
- Both the request for retroactive payment form and the Direct Deposit form must be submitted together. Contacts and email addresses for all offices can be found below.

## Section 1 – To be Completed by Employee

### Employee's Information

First Name

Last Name

Employee ID#

Personal Email

Name of the Employer you terminated from  
*(Former employee is requesting retro payment from)*

Date of termination  
*(DD-MMM-YYYY)*

Social Insurance Number  
*(SIN)*

### Address

Unit/Apt#

Street Number

Street Name

P.O. Box

City

Province

Postal Code

**Banking Information** *(Only complete this if your information on file has changed)* *(To authenticate the change in banking info.)*

Has your banking information changed? Select One Phone number

YES  NO

If **yes**, you **must attach** a scanned copy of a **void cheque or a letter from the bank** verifying your bank account information via email.

Check this box to confirm you have attached a scanned copy of a VOID cheque or a letter from the bank.

**Signature**

**Date**  
*(DD-MMM-YYYY)*

Please email the retroactive request form and banking information in the same email to the appropriate contact email below for the former employer.

Employer Organization	Contact
Northern	<ul style="list-style-type: none"> <li>• <a href="mailto:payroll@nrha.ca">payroll@nrha.ca</a></li> </ul>
Shared Health	<ul style="list-style-type: none"> <li>• CancerCare Manitoba - <a href="mailto:ccmbpayroll@cancercare.mb.ca">ccmbpayroll@cancercare.mb.ca</a></li> <li>• Eden Mental Health Centre - <a href="mailto:jfehr3@edenhealth.mb.ca">jfehr3@edenhealth.mb.ca</a></li> <li>• Rehabilitation Centre for Children - <a href="mailto:kizzyp@rccinc.ca">kizzyp@rccinc.ca</a></li> <li>• All other sites - <a href="mailto:RetroRequest@wrha.mb.ca">RetroRequest@wrha.mb.ca</a></li> </ul>
WRHA/Churchill	<ul style="list-style-type: none"> <li>• All sites on SAP - <a href="mailto:RetroRequest@wrha.mb.ca">RetroRequest@wrha.mb.ca</a></li> </ul>
Non-SAP Employers	<ul style="list-style-type: none"> <li>• Actionmarguerite sites (Saint-Boniface and St. Joseph) - <a href="mailto:payroll@actionmarguerite.ca">payroll@actionmarguerite.ca</a></li> <li>• Bethania Mennonite Personal Care Home - <a href="mailto:kim.fedorowich@bethania.ca">kim.fedorowich@bethania.ca</a></li> <li>• Centre de santé Saint-Boniface - <a href="mailto:fndaruhutse@centredesante.mb.ca">fndaruhutse@centredesante.mb.ca</a></li> <li>• Klinik Community Health - <a href="mailto:ehudson@klinik.mb.ca">ehudson@klinik.mb.ca</a></li> <li>• Mount Carmel Clinic - <a href="mailto:payroll@mountcarmel.ca">payroll@mountcarmel.ca</a></li> <li>• Nine Circles Community Health Centre - <a href="mailto:mpayne@ninecircles.ca">mpayne@ninecircles.ca</a></li> <li>• Nor'West Co-op Community Health Centre - <a href="mailto:nwc_accounts_payable@norwestcoop.ca">nwc_accounts_payable@norwestcoop.ca</a></li> <li>• Sexual Education Resource Centre Manitoba - <a href="mailto:invoice@serc.mb.ca">invoice@serc.mb.ca</a></li> <li>• Southeast Personal Care Home - <a href="mailto:knguyen@sepch.ca">knguyen@sepch.ca</a> or <a href="mailto:TPham@sepch.ca">TPham@sepch.ca</a></li> <li>• Women's Health Clinic - <a href="mailto:lnabess@womenshealthclinic.org">lnabess@womenshealthclinic.org</a></li> </ul>

## Section 2 – For Previous Employers

- You must confirm that the employee was employed in an eligible classification between April 1, 2023 and September 6, 2024. **To identify eligible positions, please review Appendices to the Memorandum of Agreement signed on September 6, 2024.**
- You must then process the request and deposit funds into the existing bank account on file unless the employee has requested a change in banking info and has provided the Direct Deposit form.

If the employee was not employed with the Employer in a qualifying position, please return the form to the employee and advise of ineligibility.

## **APPENDIX “A”**

1. Audiology
2. Cardiology
3. Child Health
4. Community Health Services
5. Dental
6. Dietitian
7. EEG/EMG
8. EMS/ERS
9. Infection Control
10. Laboratory
11. Mammography
12. Medical Physicist
13. Mental Health
14. MRI
15. Nuclear Medicine – Radiopharmacy
16. Occupational Therapy
17. Orthopedic Technology
18. Orthotics
19. Perfusionist
20. Pharmacy
21. Physiotherapy
22. Polysomnography
23. Psychology
24. Radiation
25. Radiology
26. Recreation
27. Rehabilitation
28. Respiratory
29. Social Work
30. Sonography – Ultrasound
31. Speech Language
32. Spiritual Health
33. Tissue Bank